

U. S. COST REIMBURSABLE  
(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. 1168

To \_\_\_\_\_  
(Payee)

PAID BY

SAPC 7628  
COPY 1 OF 3

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)  Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				111,282	86
		STATINTL					
PAYMENT:		Use continuation sheet(s) if necessary					
Complete <input type="checkbox"/>							
Partial <input type="checkbox"/>							
Final <input type="checkbox"/>							
						Total	\$111,282 86

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)  
Differences \_\_\_\_\_

Date 6/28 \_\_\_\_\_  
(Signature of payee)

STATINTL

Amount verified; correct for \_\_\_\_\_  
(Signature or initials) JAT

111,282 86

Contract No. A101

Date \_\_\_\_\_

Req. No. \_\_\_\_\_

Date \_\_\_\_\_

Invoice Rec'd.

Purchaser certifies that this account is correct and proper for payment.

By 7/12/50 \_\_\_\_\_  
(Signature of contracting officer)

SIGN  
ORIGINAL  
ONLY

Title \_\_\_\_\_

STATINTL

By CONTRACTING OFFICER

Title \_\_\_\_\_ Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL

APPROVING OFFICER

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$\_\_\_\_\_  
Cash, \$\_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_. Payee \_\_\_\_\_  
(Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company check must be written in the space provided for the signature of the contracting officer. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$\_\_\_\_\_" and over his official title.

Title \_\_\_\_\_

Approved For Release 2000/04/11 : CIA-RDP64-00360R000400100048-5

Public Voucher for Purchases and

Services Other Than Personal

MEMORANDUM

## CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 318

(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
STATINTL		Contract A101 - Costs applicable to all systems Direct Costs Properly Chargeable to Contract A101 for the period 1-2-56 thru 6-10-56 Labor for the period 1-2-56 thru 6-10-56 Overhead computed for the Electronic Instrumentation Division at interim rate of [REDACTED]				STATINTL	
<u>ITEM #</u>	<u>CHECK #</u>	<u>P.O. #</u>					
1	JV 046501			660	00		
2	25654	21959		651	72		
3	26351	Petty Cash		10	50		
4	26486	23660		239	70		
5	26490	22798		153	47		
6	26612	23667		94	50		
7	26717	23686		700	00		
8	26613	23668		251	12		
9	26772	22797		59	08		
10	26937	22846		168	50		
11	26937	22208		474	00		
12	27170	23763		60	38		
13	27164	23695		78	89		
14	27164	23684		111	13		
15	27164	23680		1,144	04		
16	27169	23682		271	21		
17	27402	23679		228	85		
18	27402	23679		1,168	55		
19	27402	23679		106	31		
20	27406	23700		424	46		
21	27418	24262		277	09		
STATINTL		Total Other Costs				7,333	50
		Total Labor, Overhead & Other Costs					
		G & A expense computed at interim rate of [REDACTED]					
		Total Costs				\$ 111,282	86
		STATINTL					